



## EXPRESS MAIL CERTIFICATE

DOCKET NO. : **GFM-00101 (803970/100)**

APPLICANT : **Paul Gulko**

TITLE : **METHOD AND APPARATUS FOR PERFORMING  
INSURANCE INSOLVENCY OPERATIONS**

Certificate is attached to the **Request for Continued Examination (RCE)**  
**Transmittal Letter (1 page)** in duplicate and **Fee Transmittal Letter (1 page)** in  
duplicate of the above-named application.

“EXPRESS MAIL” NUMBER: **EV685739065US**

DATE OF DEPOSIT: **January 13, 2006**

I hereby certify that this paper or fee is being deposited with the United States  
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date indicated above and is addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box  
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Shawn A. Lockett

(Typed or printed name of person mailing  
paper or fee)



(Signature of person mailing paper or fee)



## EXPRESS MAIL CERTIFICATE

DOCKET NO. : **GFM-00101 (803970/100)**

APPLICANT : **Paul Gulkos**

TITLE : **METHOD AND APPARATUS FOR PERFORMING  
INSURANCE INSOLVENCY OPERATIONS**

Certificate is attached to the **Request for Three-Month Extension of Time**  
**(1 page)** in duplicate of the above-named application.

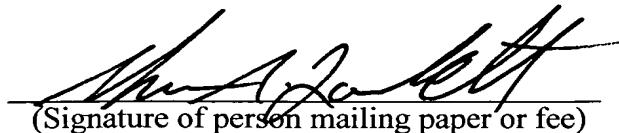
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DOCKET NO. : **GFM-00101 (803970/100)**

APPLICANT : **Paul Gulko**

TITLE : **METHOD AND APPARATUS FOR PERFORMING  
INSURANCE INSOLVENCY OPERATIONS**

Certificate is attached to the **Amendment (22 pages)** of the above-named application.

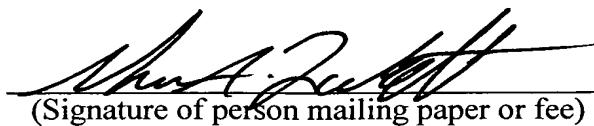
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEES TRANSMITTAL  
FOR FY 2005**

JAN 13 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

**(\$600)**

<i>Complete if Known</i>	
Application Number	09/745,0111
Filing Date	December 20, 2000
First Named Inventor	Paul Gulko
Examiner Name	Vanel Frenel
Art Unit	3626
Attorney Docket No.	GFM-00101 (803970/100)

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

FILING FEES SEARCH FEES EXAMINATION FEES

<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
111	- 99 or HP =	12	x \$50 = \$600	50	25	

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 or HP =	0 x \$100 = \$0	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/ 50 = (round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification,	\$130 fee (no small entity discount)	
Other:		

**SUBMITTED BY**

Signature	<u>Gunnar Leinberg</u>	Registration No. 35,584 (Attorney/Agent)	Telephone (585) 263-1014
Name (Print/Type)	Gunnar G. Leinberg	Date	January 13, 2006

**CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at \_\_\_\_\_, on \_\_\_\_\_.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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